

MAY. 25. 2006 11:11AM

POWELL, GOLDSTEIN (DTI-17)

NO. 070 P. 1

POWELL
GOLDSTEIN



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Date: May 25, 2006

To: MAIL STOP ISSUE FEE
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Our File # 142907.00001

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Appl.# 10/695,590

Total Pages (Including This Page): pages 8

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COMMENTS:

Attached herewith are the following documents:

- 1) Form PTO/SB/21 Transmittal Form (1 page)
- 2) PTOL-85 Fee Transmittal Form (in duplicate) (2 pages)
- 3) Form PTO/SB/04 Supplemental Declaration for Utility or Design Patent Application (4 pages)



MAY 25 2006 11:12AM

POWELL, GOLDSTEIN (DTI-17)

NO. 070 P. 2

PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

6

Application Number

10/695,590

Filing Date

October 28, 2003

First Named Inventor

Larry W. Stults

Art Unit

2812

Examiner Name

Goins, Davelta Woods

Attorney Docket Number

142807.00001-P1351US01

ENCLOSURES (Check all that apply)

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|--|---|---|
| <input type="checkbox"/> Fee Transmittal Form | <input type="checkbox"/> Drawing(s) | <input type="checkbox"/> After Allowance communication to Technology Center (TC) |
| <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences |
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| <input type="checkbox"/> After Final | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information |
| <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address | <input type="checkbox"/> Status Letter |
| <input type="checkbox"/> Extension of Time Request | <input type="checkbox"/> Terminal Disclaimer | <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): |
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| <input type="checkbox"/> Information Disclosure Statement | <input type="checkbox"/> CD, Number of CD(s) _____ | Supplemental Declaration (4 pages) |
| <input type="checkbox"/> Certified Copy of Priority Document(s) | Remarks | |
| <input type="checkbox"/> Response to Missing Parts/Incomplete Application | | |
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENTFirm or Individual name
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Kathy J. Bell

Date

5/25/06

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